M	ADVIAL	ND CT	ATE	DEDA	DTMENT	OF	TIPATT	
IAT.	AK I LAJ	4D 2T	AIL	UEPA	RTMENT	UF	HEAL I	н

2411 N. Charles St., Baltimore (932)

09088

CERTIFICATE OF DEATH

City or town T Cit How long in above place Hospital, institution, o	oward ural - Da outside city or town I e of death? 50 r street address where	mits, write RURAL and give nearest town) years death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Howard City or fown rural - Dayton (If outside city or town limits, write RURAL and give new Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.			
3. (a) FULL NAM		Hill Brown	3. (b) Social Security	Number		
4. Set	5. Color or race	8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
female	white	Married	20. DATE OF DEATH September 7 19 46	3:30P		
	Novem	er L. Brown 6.(c) If alive, give age 81 ber 4, 1868	21. I CERTIFY that death occurred on the date above stated; that I attended dece April 1 1946 to Sept. and that I last saw her allve on September 7	20 1946		
8. AGE: Year		Days If less than one daymin	Acute cardiac decompensation	12 hrs.		
tO. Usual occupation.	House S Own h	ome	Due to Arteriosclerosis			
t2. Name	Marylan	d a Thompson .	Other conditions Acute bronchitis (Include pregnancy within 3 months of death) Major findings of operations.			
16. InformantOl	iver L.	Brown okeville, Md.	Autopsy results			
Cemetery or cremate	Clarks F.C.	Date thereof Sept. 10,1946 (month) (day) (year) cum Chapel ville, Md. Higinbothom ott City, Md.	Where did injury occur?	(State)		
to. Sept 8	19.46	marie Ce. Whitale Registrar	M. D. or other			

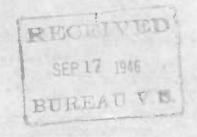
RECEIL ED A STATE OF THE STATE OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County County	(For newborn infants give residence of mother)
City or town	State Marylands County Howard
How long in above place of death?	City or town
Hospital, institution, or streef address where death occurred:	(If outside city or town limits, write KURAL and give nearest town)
<u> </u>	Streef Ho
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
gena haffman	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDIÇAL CERTIFICATION
The alo White golden and	1 1
Jeman 11mme 11caguea	20. DATE OF DEATH Seft. 1946 at 100 M
6.(b) Hame of husband or wife. William Chaffman	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Stept 18 1940 to Stept 11 1846
7. Birth date of Quil. S. (c) If alive, give ageyears	and that I last saw h A allye on Dun 31 1976
deceased (mo., day, yr.) March 14, 1858.	Immediate cause of death
8. AGE: Years Months Days It less than one day	Generalized ask inscherice
88 5 28hrsmin.	redicas disas est
Baltimore County Md.	
8. Birthplace	Due to
26.00001/6	
10. Usual occupation.	Due 10
11. Industry or business	
12. Name Orter, Carbs	Other conditions
13. Birthplace Thakmown	
M Suggest ?	(Include pregnancy within 8 months of death)
E 14. Maiden name	Major findings of operations
2 15. Birthplace Unknown	Date of op.
the the me have been	Antopsy results.
Coll: Il of 2d	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address blicot wy, Maryland.	22. VIOLENCE: If death was due to external causes, till in the following:
17. Burial Date thereof Sept. 14, 1946	
(Burial, cremation, or removal. Which?) (ploath) (day) (year)	Accident, suicide, or homicide
Cometery or crematory. Sp. Marys Unitery	Where did injury occur?
Location Elchester, Maryland.	Injured af home, farm, Industry, public place (where?)
LOCATION	Means of injury Injured at work?
18. Funeral director Caston Jons	initian at notal
Address Elligate City Maryland.	& N. hame last
01 6001-68	23. SIGNATURE M. D. or other
(Date ref'd by registrar) 19 4 (a) Thur B. Long hear	E Mais REA
(Date ref'd by registrar) Pu. B. E. & Registrar	Address Oate signed 1/3/46



9-45-15

VS A15

VS 151

The

BALTIMORE	CITY	HEALTH	DEPART	MENT
CEDTIE	IC A	TE OF		TITULE

Registered No. 191

A. PLACE OF DEATH: (a) Baltimore City, Maryland HOWARD CO.	2. USUAL RESIDENCE OF DECEASED:			
(b) Street address. West Friendship, Maryland. (c) Hospital or institution:	(a) State Md. (b) County West Francisco (C) City or town West Trunclaly (If outside city or town limits, write RURAL and give town			
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(d) Street No			
3 (a) FULL NAME Earl Conker	ns			
3 (b) If veteran, name war 3 (c) Social Security Account No. 4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.	20. DATE OF DEATH Sept. 8, 19 46, at 4.10 21. I certify that I took charge of the remains described above, held autopsy thereon and from the evidence obtain			
6 (c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) / 9 3 / 8. AGE: Years Months Days If less than one day 15 hr. min. 9. Birthplace Marlaw Ky :	by said Autopsy, Inspection or Inquiry, find that said deceased cam tohisdeath on the day stated above, and death in m prinion resulted from: natural causes [], accident [], suicide [homicide [], undetermined [] and that the causes of death were IMMEDIATE CAUSE OF DEATH			
10. Usual Occupation Sam mill	Gurshot wound of chest involving			
12. Name David Conkers.	Other Conditions			
14. Maiden Name Lula Kellew				
(c) Cemetery or crematory Just Location James Location James Location (b) Address Eller Luy Mg 18 (a) Funcial director John Structure Location Location Location James Luy Mg (b) Address Eller Luy Mg	(Include pregnancy within 3 months of death) 22. If an external cause was primary or contributing cause of death, fill in the following: (a) Date of injury 9-8-46 at 1.45 P. M. (b) Where did injury occur? The find the following occurs of the following occurs. The find the following occurs occurs of the following occurs. The find the following occurs occu			
	(d) Length of stay in hospital or inst. (yrs., mos., or days) (e) Length of stay in Baltimore (yrs., mos., or days) 3 (a) FULL NAME Earl Conker 3 (b) If veteran, name war 4. Sex 3 (c) Social Security Account No. 4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. 6 (c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 9 3 8. AGE: Years Months Days If less than one day 15 hr. min. 9. Birthplace Town, county, and state) 10. Usual Occupation Town, county, and state) 11. Industry or business 12. Name Conkers 13. Birthplace Tys. 14. Maiden Name Conkers 15. Birthplace Tys. 16 (a) Informant Conkers 16 (a) Informant Conkers Conkers 17 (a) Town, county Town, county Conkers Conk			

MARYLAND STATE DEPARTMENT OF HEALTH

09091

	2411 N. Charles St., Baltimore	09091
C	ERTIFICATE OF DEATH	Reg. Diat. No.
1. PLACE OF DEATH: Howard	2. USUAL RESIDENCE (HO	ME) OF DECEASED:
County	(For new or infants give re	sidence of mother)
City or town. (If outside city or twn limits, write RURAL and	State	County
How long In above place of death?	City or town	town junts, write RURAL and giv nearest town)
Hospital, institution, or street address where death occurred:	Street No. Mondae	mery Rd:
***************************************	(If	rural, give LOZATION)
How tong to hospital or institution?	2.(a) It veteran, name war	
3. (a) FULL NAME	1.111	3. (b) Social Security Number
John Inom	as it islass	
4. Sex 5. Color or race 8.(a) Single, married, wid	lowed, or divorced MEDI	CAL CERTIFICATION
Male Cot Winds	20, DATE OF DEATH Selv	10 46 1.2
6.(6) Name of husband or wife	. //-//	the date above stated; that Lettenged deceased from
	Seal	7 1946 to Sept 9 15
7. Birth date of	and that I last saw halive on	18
deceased (mo., day, yr.) 8 AGE: Years Mooths Days If less the	an one day	OUR/
o. A02	Vy pesteu	une Cardiae
60	hrs. min.	w
9. Birthplace Musical Vecroft	02 /// Oue to	
(Town, county, and state)		***************************************
10. Usual occupation.	Due to	
†1. Industry or business		
12. Name Tolker Taillas 13. Birthplace	Other conditions	
13. Birthplace	(Include pregnancy	within 2 months of death)
14. Maiden name A. A. Maiden name A. A. Maiden name	ver	
S 15. Birthplace		Pale at an
gorment tiolal		Date of op
16. Informant	Autopsy results	cause to which death should be charged statistically.
Address Managomery	22. VIOLENCE: It death was doe to	
Bute thereof (mor	4.13,1946	
Cemetery or crematory.	Where did injury occur?(City	
60 61 de 0 000		
Location		c place (where?)
18. Funeral director	Means of Injury	Injured at work?
Address 322 91. Sensorese	yst H	Mass las
9/13/46	23. SIGNATURE	M. D. or other
19. (Daye rec'd by registrar)	Registrar Address ON M	Bul Date signed 9-12

PLEASE WRITE PLAINLY, WITH UNF. D'NG is especially important. Physic

1.00

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
County STUDIE	(FCI newborn infants give residence of mother)
City or town	State Ildi County Stward.
	City or town COLD MAGGE
How long in above place of death?	(If outside city or town limits, write RURAL and give negret town)
	Street No. 2 / 6 OCU MASH BILL
	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
e/homes. L. E	lile I
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION . 4/2
mille indite married	16 th 1-14 116 Tark
enou some purion	2D, DATE OF DEATH 1970, at .90
B.(b) Name of husband or wife AME Last 1, 660 Short	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) Name of nussand of wife state of the s	9 15 19 /6 10 De /1 7 19 /6
7. Birth date of 11/2 18/2 18/2 18/2 18/2	and that I last aaw h. Compalive on Safe 7 7 19
deceased (mo., day, yr.) / lay / g = / O O	Immediate cause of death
8. AGE: 2 Years Months Pays If less than one day	Carenova % 6 m
82. 3.1, 79	easem & colon
9. Birthplace Delonage - 140.	Due to
(Town, Pounty, and state)	Myo condulis 2m
10. Usual occupation.	Due to Backy
11. Industry or business Communactor.	Salanda mana 1 mg
	0 1 0 1
12. Name January 11. Name January 12. Name January 13. Birthplace Jackaud	Other conditions
	(include pregnancy within 3 months of death)
14. Malden name Ballelle Stogare 15. Birtholace Folioall Selly and	Major findings of operations
15. Birtholace Folsoall balles md.	Rejor Linguigs of operations. Date of op.
Marlane Ti Alico	
16. Informant	Autopsy results
Address 5/1/26 Old. Wosh Blad.	
12 Aurial Date thereof 9/20/46.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which)	Accident, suicide, or homicide Date of
Cemetery or crematory. The Gually Guille Comment	Where did injury occur?
Location Selfonble, Mid, A	Injured at home, farm, Industry, public place (where?)
Location (V. Location)	Means of Injury Injured at work?
18. Funeral director. July John Burney	a a a
Address DI LOS LA PRILLE CHART	11/1/1/2
1 1 to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23. SIGNATURE M. Dorother
16. Tem 9 19 muste sua late	laddens 1/ 7 mais at Elphan almas
violating 1	The state of the s



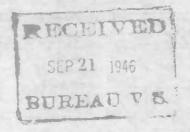
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 834

CERTIFICATE OF DEATH

09093 Reg. Diat. No.

1. PLACE OF DEATH: 2/as And	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Illand Road, Ollicott at R.F. D	State Maryland County Howard
(If ontside city or town limits, write RURAL and give negrest town)	Ellicott City - Ruel
How long In above place of death?	(Moutside city or town limit, write RURAL and give nearest town)
	Street No. (If rurai, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Thomas Triffin	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Single	MEDICAL CERTIFICATION 20, DATE OF DEATH SEXTENDER / 4, 19 46. at 6 45 a. M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred by the date above stated; that lattended disceased from
	10 70 10 10 10 10 10 10
7. Birth date of deceased (mo., day, yr.) June 1, 1879.	and that I last saw h Maline on 19 19 19 19 19 19 19 19 19 19 19 19 19
8. AGE: Years Months Days It tess than one day	Immediate cause of death Authority
67 3 13hrsmin.	reveled subsum lowles.
9. Birthplace Loward to Maryland.	Due to
10. Usual occupation Farm Works	Due to.
11. Industry or business	A A A A
12. Name Thomas Triffin 13. Birthplace Chian.	Other conditions Paralysis flat ariss.
13. Birthplace This	(Include pregnancy within 3 months of death)
14. Malden name Unknown 15. Birthplace Unknown	Major findings of operations
₹ 15. Birthplace Unpnown	Date of op
16. Informant John Wills	Autopay results
Address allicott lity, R. J. D. Md.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal Whick?) (Burial, cremation, or removal Whick?)	Accident, suicide, or homicide
Cemetery or cremation, or removal which Cemetery - Company	Where did injury occur?
Location Phillers Corners Howard Co. Md	(City or town) (Connty) (State) Injured at home, farm, industry, public place (where?)
116 + 1-1	Means of Injury Injured at work?
Sol : LL C. F and	2000 2000
Address blicott un maryana.	23. SIGNATURE. Mankethyley M. D. or other
19. (Date rec'd by registrar) (Date rec'd by registrar)	Address Source lut. Date signet 17/46.



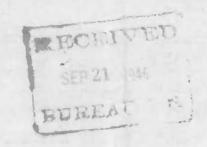
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-0

CERTIFICATE OF DEATH

0909495 Reg. Dist. No. ..

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Howard	(For newborn infants give residence of mother)
City or town. (If outside city or pown limits, write RURAL and give nearest town)	State Perma County Miladelphila
	City or town (If outside city or town jumits, write RURAL and give nearest town)
How long in above place of death?	The state of the s
Ballo-Wash. Blue.	Street No. 1.5.5.8 71 11 4 St
D. A. S. L. S. L. S. L. S. H. S. L. S. H. S. L. S. H. S. L.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Mitchell E. Lanier	3. (b) Social Security Number 165-07-8643
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m c married	20. DATE OF DEATH 9 /15 19 46, 21 4 7 M
8.(b) Name of husband or wife almetter hance	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19. 16. to 19. 15. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
7. Birth date of	and that I last saw h. 1.77 alive on 19
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
0. AUL.	tracture of spull of love melant
3/1 4 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
9. Birthplace Stateshop Sw.	Due to
(Town, county, and state)	***************************************
10. Usual occupation	Due to
11. Industry or business	
E 12 Name algie Lanier	Other conditions multiple frontines and
12. Name algie Agnier	alraisions unstant
	(Include pregnancy within 3 months of desth)
14. Maiden name Justinia	Major findings of operations. Noul
\$ 15. Birthplace Sebrgea	
18. Informant almetta danier	Antopsy results.
Address 1558 N. 11 th St Philosolyphia Pa	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial, cremation, or removal. Which?) Bate thereof. 4-70-46 (month) (day) (year)	Accident, suicide, or homicide. Accident. Date of 9/63/46
Cometery or crematory met Caron	Where did injury occur? Ween Savage Howard My
0 ~ 0	(City or town) (County) (State)
Location Chancers Chanty Plus	Injured et home, farm, Industry, public place (where?) Salton Mindustry public place (where?)
18. Funeral director J.C. Okg. and Mosses	Moons of injury Street by auto injured at work? No
Address Essent Piles med. On	Ly Glant A
1 2011/1	DEPHTY METHOLI EXAMINED OF HOWARD COUNTY M. D. OF DIRECT
19. 9-16 1946 Wantonity	DEPUTY MEDICAL EXAMPLER OF HOWARD COUNTY AND D. or Cheer



2411 N. Charles St., Baltimore 934

J.	2	U	f	1		1
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CERTIFICATE OF DEATH

Reg. Diat. No. 190

1. PLACE OF DEATH: County Haward	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town /mits, write RURAL and give nearest town)	State many land county Aloward
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Streel No. manta Dinery Road
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
John Mulot	tom 214-01-6430
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M C Sugle.	2D. DATE OF DEATH
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended doceased from
6.(c) it alive, give ageyears	9/7 19/6, 10 9/17 19/6
7. Birth date of 0 106.3	and that I tast saw h. 177 allve on 700 date 19
8. AGE: Years Myths Days It less than one day	Immediate cause of death
5-3 8 10min.	Caronary I wongvies 12 min
EDR die md	Due to arteuroclusotis Vascular
9. Birthplace (Tawn jounty, and state)	Due 10. Milder Constitution of the second
10. Usuat occupation Laborer	
11. Industry or business	Due to
# 12. Name Sea Philatton	Other conditions Move
13. Birthplace Wel	
14. Malden name Seyshia Brown 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations.
15. Birthplace	Major madings of operations
16. Informant Mirs Luvenia Conser	Antopsy results. Thomas
aca act at an	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address (73) Mc Cullaugh SI - Ballo 17, 11	22. VIOLENCE: if death was due to external causes, fill in the following;
(Buriai, cremation, or removal, Which?) (Buriai, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory It Stephens	Where did injury occur?
Location Elkridge Trid	Injured at home, farm, Industry, public place (where?)
18. Funeral director 7 C. Taig subaction	Means of Injury Injured at work?
Address Ellest City med.	your of Button In
glig xc An Hedrich	23. SIGNATURE DEPUT MEDICAL EXAMINER OF HOWARD COUNTY M. D. for other
19. (Date rec'd by registrar) Registrar	Address Ellight City Med: Date signed 9/17/96

PLEASE WRITE PLAINLY, WITH UNFADING INF. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (946)

CERTIFICATE OF DEATH

Reg. Dist. No...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State. Mo. County
City or town. (If outside city or town limits, write RURAL and give nearest town)	City or town Ballo. City
How long in above place of death?	(If outside city or town) limits write (URA), and giv God est town)
	Sireet No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Carl. P. Sch	3. (b) Social Security Number
Male- White Livroco	2D. DATE OF DEATH SENT 23 1946 of 1/4. M
6.(b) Name of husband or wife	21. I CERTIFY and death of curred on the date above stated: the Lattended deceased from 18
7. Birth date of deceased (mo., day, yr.) Capril 37. 15 190	and that I last saw h
8. AGE: Years Months Bays If less than one dayhrs/min.	Immediate cause of death Thombous 2 ins.
9. Birthplace Batturing Ma	Due to
10. Usual occopation	Due to.
11. Industry or business	
12. Name Challes Sofially 13. Birthplage Tensuary -1	Dither conditions
Callein Hara James Judick	(Include pregnoncy within 3 months of death)
15. Birthplace Gallynnel Asol	Major fiediogs of operations.
60 A 1171 Vala 1/1/4	Actopsy results.
16, Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 4 0-3. Verlight 24	22. VIOLENCE: It death was due to external causes, till to the following;
(Buriai, cremation, or removal. Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occut?
Location Mall and Extoring	Injured al home, farm, industry, public place (where?)
18. Funeral director Wessdell Deispel	Means of Injury Injured at work?
Address 312.5. Highland are	manhon sley. M.D.
19. 9/23/46 10 Trankshipley,	23. SIGNATURE. M. D. frother 9.23 3 446
(Date rec'd by registrar) Registrar	Address Date signed

SEP 30 1946
BUREAU V 8

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Black of my State and the

19.36 3544

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)



CERTIFICATE OF DEATH

	09	09	7	F
Reg.	Dist.	No	19	8

1. PLACE OF DEATH:	2 HIGHAL DECIDENCE (LICEAGE) OF DECEASED.		
County Lowers	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
all at 12	md loward		
(If outside city or town limits, write RURAL and give nearest town)	State County		
How long in above place of death? Hospital, institution, or street address where death occurred:	City or town		
How long in above place of death. Hospital, Institution, or street address where death occurred;	000		
nospital, manifolion, of ancies according to the control.	Street No.		
	(if rural, give LOCATION)		
Now long in hospital or institution?	2.(a) If veleran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
Charles Victor Steininger	Mone		
4. Sex 5. Color or race 6.(a) Single, married, wildowed, of divorced	MEDICAL CERTIFICATION		
Male White Manied.	11 Self V6 930		
m 11: 17:	20. DATE OF DEATH 19.46 at 1. M		
8.(b) Name of husband or wife. Mary Vinnie Steininger	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
//	6 State 10 46, 10 lb State 10 46		
7. Birth date of	and that I last saw h wim alive on 14 Sept. 19 46		
deceased (mo., day, yr.) & . 13 , 1861	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Memia 1 week		
78 11 27	A. Carrier and Car		
9 (:	. Phonic Midhelia		
8. Sirthplace (Town, county, and state)	Due to.		
Musister.			
10. Usual occupation	Due to Affailmenic Carolio-Pasoniai ?		
11. Industry or business Minister	Or Disease		
I asself Steininger	must 1		
12. Name South Steininger 13. Birthplace Pennsylvania.	Other conditions		
13. Birthplace Pennsylvasiia.	(include pregnancy within 8 months of death)		
14. Maiden name Sarah A neps			
	Major findings of operations.		
E 15. Birthplace / ennsystemed.	Date of op.		
16. informant Mrs. Buttle Parkinson	Autopsy results.		
10, Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address School and Man.			
200 0 0 19-41	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal. Which?) Oate thereof (month) (day) (year)	Accident, suicide, or homicide		
11/10 4 1/10/10/10/10	Where did injury occur?		
Cemetery or crematory	(City or town) (County) (State)		
Location Delman tolel	Injured at home, farm, industry, public place (where?)		
60 (0 M) 10 - 7.	Means of injury Injured at work?		
18. Funeral director			
Address 2435 E. Diver	a source Wilson Fr. Jassaury		
Q-11. 46 ()-31.	23. SIGNATURE M.D. or other		
(Date rec'd by registrar) Registrar	all the mal		
(Date rec'd by registrar) Registrar	Address Date signed		

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

CERTIFICATE OF DEATH

Reg. Dist. No. 1 91

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother)
City of the City of City Maryland	State Maryland County Howard
City or town	Client City
How long in above place of death?	(If outside sity or town limits, write RURAL and give nearest town)
	Street No. Struck Menul Mrural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	
Katherine Gertrude	Stickelman 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Semale White Married	20. DATE DE DEATH. Sept. 6 19 46 at 9 9
6. (b) Name of husband or wife Orr O. Stickelman	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(c) If alive, give age 57, years	Sept 6 1941 to Augh 6 1946
7. Birth date of	and that I last saw h and alive on
deceased (mo., day, yr.) May V6, 1888. 8. AGE: Years Month Days If less than one day	Immediate cause of death
58 43 //hrsmin.	Hypsknass Cardinasukul
11.4.0.11.0.1	haran
9. Birthplace Franklentown Balto. Co., Md., (Town, county, and state)	Due to
10. Usual occupation Housewife	
11. Industry or business	Due to
E 12. Name John J. Mahon	Dither conditions
12. Name John J. Makon 13. Birthplace Maryland	
14. Malden name Pridget Nee 15. Birthplace Unbrown	(Include pregnancy within 3 months of death)
N 15 Blithelms 2/mhr. 25.72/	Major fiudiage of operations.
0. 1 1 1 1	Date of op.
18. Informant ON Office To Chiman	Autopsy results
Address Ellicot lity, Maryland.	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burnal Date thereof (Month) (day) (gear)	Accident, suicide, or homicide
Complery or crematory New Cathedral Ometery	
4200 Old Frederick Rd Baltings Ond	Where did injury occur?
Location Too Cut Orante Con Carellinot Con Carellin	Injured at home, farm, industry, public place (where?)
18. Funeral director baston sons	Means of injury Injured at work?
Address Ellicott City, Maryland.	LEan O Kinking
a dept 7 was I be to Surchas	23. SIGNATURE M. D. or other
(Date fee'd by registrar)	Address Cli with the 2nd Date signed 9/4/6



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0 CERTIFICATE OF DEATH

1				10	7 6
1	Reg.	Diat.	No		~

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Forpewborn infants give residence of mother)
County Hayrand	
(If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death? 65 seems	City or town
Hospital, institution for street address where death occurred:	Street No. Gullard Ad.
Tulford Kd	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Serbert Hollmerhausen Ja.	
4. Sex 5. Color or race 6.(a)Single, married, widowell, or divorced	MEDICAL CERTIFICATION
I Indowed	20. DATE OF DEATH Seft. 1379 146 at 21.
60 1418 00 1	21. I CERTIFY that death occurred on the date above stated; Ihat attended deceased took
6.(b) Name of husband or wife	TO THE TOTAL
years	W 13 10 11 11 11 11 11 11 11 11 11 11 11 11
7. Birth date of	and this I last saw harden, alive on
deceased (mo., day, yr.) Alcelantes 11, 175 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
70 10 2hrsmin.	
DAF ' Che 1 1	Hall - Carling
9. Birthplace (Town, eounts, and state)	Due to. N
	oresterna arren anno
1D. Usual occupation	Due to
11. Industry or business of arm	
= 12. Name Sechent Gollmerhausen Sr.	Other conditions
13. Birthplace Germany	
MI A A ·	(Include pregnancy within 8 months of death)
E 14. Maiden name Christian Select	Major findings of operations.
15. Birthplace Baltimare, Haryland	Date of op.
16. Informant	Autopsy results
Address Slesents Maryland	22. VIOLENCE: If death was due to external causes, till in the following:
17 Durial Date thereof Sept. 16, 1946	
(month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory suffered comes	Where did injury occur?
Location Lesser Corner, Md.	Injured at home, farm, Industry, public place (where?)
	Means of injury Injured at work?
18. Funeral director	20 000 10 1
Address gaugele the angland	23. SIGNATURE I MANKStyley M.W.
9114146 me 16 21 don	M. D. or other
(Data fee'd by registrar) (Data fee'd by registrar) (Registlar	Address Toward, Mr. Date signed 471414

